

Section A: Health Status	n	%
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Would you say that in general your health is: (among all respondents)

Excellent	888	27.5
Very good	1078	32.9
Good	931	28.6
Fair	304	8.4
Poor	97	2.6

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (among all respondents)

None	2467	76.5
1-4 days	405	13.0
5-13 days	126	4.0
14-29 days	104	3.0
30 days	135	3.5

What were you doing most of the past 12 months? (among all respondents)

Working on a farm or ranch	150	5.1
Working a job which requires heavy physical labor such as lifting and pushing	425	14.1
Working a job which requires light physical labor such as a lot of walking or cleaning	762	23.7
Working in an office or at a job which does not require physical labor	784	23.8
Keeping house	358	10.2
Going to school	100	4.1
Doing volunteer work	48	1.3
Something else (includes retired)	664	17.6

In general, how satisfied are you with your life? (among all respondents)

Very satisfied	2024	62.7
Somewhat satisfied	1104	32.8
Somewhat dissatisfied	127	3.5
Very dissatisfied	34	1.0

Section B: Asthma	n	%
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Has anyone in your household been told by a doctor that they currently have asthma? (among all respondents)

Yes	417	13.4
No	2882	86.6

How many persons in your household with asthma are 0 to 17 years old? (among all respondents)

1	113	3.7
2	22	0.7
3	6	0.2
4	1	0.0
None	3157	95.4

Section B: Asthma	n	%
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How many persons in your household with asthma are 18 years old and older? (among all respondents)

1	284	8.8
2	26	1.2
3	4	0.2
None	2985	89.8

Do you currently have asthma? (among respondents reporting someone in their household 18 or older with asthma)

Yes	204	58.3
No	110	41.7

Have you taken any medication for asthma during the past 12 months? (among respondents reporting they currently have asthma)

Yes	155	73.2
No	49	26.8

Section C: Quality of Life	n	%
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Are you limited in any way in any activities because of any impairment or health problem? (among all respondents)

Yes	461	12.2
No	2838	87.8

What is the major impairment or health problem that limits your activities? (among respondents reporting any activity limitation)

Arthritis/rheumatism	79	16.0
Back or neck problem	61	14.2
Fractures, bone/joint injury	29	6.2
Walking problem	42	9.7
Lung/breathing problem	27	6.3
Hearing problem	9	2.1
Eye/vision problem	14	2.5
Heart problem	41	9.0
Stroke problem	9	2.4
Hypertension/high blood pressure	7	1.4
Diabetes	23	4.4
Cancer	18	4.6
Depression/anxiety/emotional problem	5	1.0
Other impairment/problem	89	20.2

For how long have your activities been limited because of your major impairment or health problem? (among respondents reporting any activity limitation)

Less than one year	72	15.6
One year	107	25.8
More than one year, but less than ten years	147	34.9
More than ten years	105	23.8

Section C: Quality of Life	n	%
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Do you expect you will still be limited 12 months from now? (among respondents reporting any activity limitation)

Yes	353	81.2
No	78	18.8

Do you now consider yourself to be a person with a disability? (among respondents reporting any activity limitation)

Yes	216	45.7
No	239	54.3

Do you currently use any assistive devices such as a wheelchair, cane, braces, or prosthesis? (among all respondents)

Yes	167	4.1
No	3135	95.9

Does any impairment or health problem now keep you from working at a job or business? (among all respondents)

Yes	203	5.2
No	3093	94.8

Are you limited in the kind or amount of work you can do because of an impairment or health problem? (among respondents reporting any activity limitation or use of assistive device and are not kept from working at a job or business)

Yes	165	54.2
No	145	45.8

Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (among respondents with a disability)*

Yes	174	33.1
No	345	66.9

Because of any impairment or health problem do you need help with any of the following routine needs: (among respondents with a disability reporting requiring help with routine needs)*

Preparing meals?

Yes	69	41.6
No	105	58.4

Shopping?

Yes	123	67.8
No	50	32.2

Section C: Quality of Life	n	%
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Managing money, such as paying bills or keeping track of expenses?

Yes	49	27.6
No	125	72.4

Using the telephone?

Yes	11	6.2
No	163	93.8

Doing heavy work around the house like scrubbing floors, washing windows, and heavy yard work?

Yes	140	81.2
No	33	18.8

Doing light work around the house like doing dishes, straightening up, light cleaning, and taking out the trash?

Yes	93	53.2
No	81	46.8

Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (among respondents with a disability)*

Yes	39	7.4
No	480	92.6

Because of any impairment or health problem do you need help with any of the following personal care needs: (among respondents with a disability reporting requiring help with personal needs)*

Bathing or showering?

Yes	27	67.0
No	12	33.0

Dressing?

Yes	22	57.6
No	17	42.4

Eating?

Yes	6	17.5
No	33	82.5

Getting in and out of bed or chairs?

Yes	17	46.7
No	22	53.3

Using the toilet, including getting to the toilet?

Yes	11	32.1
No	28	67.9

Section C: Quality of Life	n	%
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Getting around inside the home

Yes	14	39.7
No	25	60.3

*Who usually helps you with your personal care needs?
(among respondents reporting requiring help with personal needs)*

Husband or wife	12	38.5
Son or daughter	8	24.0
Parent or guardian	10	21.8
Paid employee	5	9.0
Friend or Neighbor	1	2.7
Other relative	1	2.4
No one helps me	1	1.7

Does this person live in your home? (among respondents reporting requiring help with personal needs)

Yes	22	73.3
No	15	26.7

How satisfied are you with your helper's scheduled hours or availability when you need him or her? (among respondents reporting requiring help with personal needs)

Very satisfied	27	78.3
Somewhat satisfied	6	16.7
Somewhat dissatisfied	2	3.7
Very dissatisfied	1	1.2

How satisfied are you with the amount of assistance your helper provides? (among respondents reporting requiring help with personal needs)

Very satisfied	28	80.4
Somewhat satisfied	7	16.0
Somewhat dissatisfied	1	2.4
Very dissatisfied	1	1.2

How satisfied are you with your helper's willingness to do what you ask? (among respondents reporting requiring help with personal needs)

Very satisfied	27	76.7
Somewhat satisfied	7	18.0
Somewhat dissatisfied	3	5.3

How satisfied are you with your helper's reliability? (among respondents reporting requiring help with personal needs)

Very satisfied	25	72.3
Somewhat satisfied	10	24.1
Somewhat dissatisfied	2	3.6

Section C: Quality of Life	n	%
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How satisfied are you with your helper's trustworthiness? (among respondents reporting requiring help with personal needs)

Very satisfied	28	79.6
Somewhat satisfied	7	16.8
Somewhat dissatisfied	2	3.6

How satisfied are you with how your helper treats you? (among respondents reporting requiring help with personal needs)

Very satisfied	29	80.0
Somewhat satisfied	7	18.8
Somewhat dissatisfied	1	1.2

During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?

None	227	45.3
1-4	50	9.8
5-13	46	10.6
14-29	54	12.1
30	117	22.2

During the past 30 days, for about how many days have you felt sad, blue, or depressed?

None	242	49.9
1-4	102	22.1
5-13	48	12.0
14-29	40	7.2
30	47	8.7

During the past 30 days, for about how many days have you felt worried, tense, or anxious?

None	223	44.7
1-4	80	17.3
5-13	51	10.7
14-29	51	10.7
30	84	16.6

During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

None	226	42.3
1-4	62	14.3
5-13	60	12.1
14-29	64	13.9
30	82	17.5

Section C: Quality of Life	n	%
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During the past 30 days, for about how many days have you felt very healthy and full of energy?

None	179	34.8
1-4	37	8.5
5-13	58	11.4
14-29	130	28.7
30	76	16.6

Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

None	327	65.4
1-4	54	11.7
5-13	32	6.0
14-29	39	8.4
30	40	8.4

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (among respondents reporting days with poor mental or poor physical health)

None	197	57.0
1-4	29	9.2
5-13	29	8.6
14-29	34	11.6
30	47	13.6

Section D: Disability Domains	n	%
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By yourself and not using aids, do you have any difficulty walking across a small room? (among respondents with a disability)*

Yes	93	16.4
No	426	83.6

To get around in a room what type of mobility aid or equipment, if any, do you use most often? (among respondents with a disability reporting difficulty walking)*

Cane or walking stick	42	47.4
Walker	17	16.8
Crutch or crutches	7	8.7
Wheelchair	7	8.4
Artificial leg	1	0.8
Other aid	7	7.8
No help or aids needed	11	10.1

Section D: Disability Domains	n	%
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Which of the following best describes your mode of transportation: (among respondents with a disability)*

I own and operate a motor vehicle or other means of getting around on my own	379	74.5
Friends, family, attendants, or someone else takes me where and when I want to go	109	20.5
I depend on rides from friends or family when I can get them	12	2.3
I take public transportation such as the bus, cab, or city lift van	8	1.2
I seldom or never travel because I have no reliable source of transportation	9	1.5

Because of any impairment or health problem do you have any trouble learning, remembering, or concentrating? (among respondents with a disability)*

Yes	126	22.8
No	394	77.2

In times of need, how much emotional support would you get from your family and friends? (among respondents with a disability)*

Very much	382	76.0
Some	80	16.1
A little	28	4.1
None at all	23	3.9

Do you belong to any clubs or organizations such as church groups, unions, fraternal or athletic groups, or school groups? (among respondents with a disability)*

Yes	291	54.8
No	228	45.2

During the past two weeks, did you do any of the following activities? (among respondents with a disability)*

Get together socially with friends or neighbors?

Yes	386	74.6
No	134	25.4

Talk with friends or neighbors on the telephone?

Yes	452	85.9
No	68	14.1

Get together with ANY relatives not including those living with you?

Yes	403	77.8
No	117	22.2

Talk with ANY relatives on the telephone not including those living with you?

Yes	446	86.7
No	73	13.3

Section D: Disability Domains	n	%
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Go to church, temple, or another place of worship for services or other activities?

Yes	275	52.6
No	245	47.4

Go out to eat at a restaurant with friends or relatives not including those living with you?

Yes	347	67.7
No	173	32.3

Regarding your present social activities, do you feel that you are doing about enough, too much, or would you like to be doing more? (among respondents with a disability)*

About enough	277	54.4
Too much	23	4.2
Would like to be doing more	211	41.4

During the past 12 months, did you use any of the following assistive devices? (among respondents with a disability)*

Manual wheelchair

Yes	76	13.3
No	443	86.7

Powered wheelchair

Yes	12	2.8
No	507	97.2

Powered scooter

Yes	14	2.3
No	506	97.7

Walker, cane, crutches

Yes	159	28.3
No	361	71.7

Braces

Yes	45	9.2
No	475	90.8

Wheelchair lift

Yes	13	2.3
No	506	97.7

Respirator

Yes	23	4.9
No	497	95.1

Section D: Disability Domains	n	%
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Modified eating utensils, dressing, or grooming aids

Yes	10	1.9
No	510	98.1

Modified telephone

Yes	13	2.5
No	507	97.5

Hearing aid

Yes	32	6.4
No	488	93.6

Other

Yes	27	5.1
No	493	94.9

Section E: Health Conditions	n	%
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I am going to read a list of various health conditions that you may have experienced. Please answer whether each condition is a current problem, past problem, or never a problem: (among respondents with a disability)*

Arthritis or rheumatism

Current problem	305	59.4
Past problem	19	3.4
Never a problem	189	37.3

Back or neck injury or pain

Current problem	210	41.9
Past problem	90	18.0
Never a problem	217	40.1

Lung or breathing problem including emphysema and chronic bronchitis

Current problem	137	25.2
Past problem	47	9.0
Never a problem	333	65.8

Hearing loss

Current problem	125	24.5
Past problem	22	4.8
Never a problem	370	70.6

Eye or vision problems

Current problem	226	42.5
Past problem	42	8.2
Never a problem	249	49.3

Section E: Health Conditions	n	%
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Heart disease, pain, or failure

Current problem	95	18.9
Past problem	41	8.4
Never a problem	381	72.8

Stroke

Current problem	23	4.4
Past problem	27	5.8
Never a problem	467	89.8

High blood pressure or hypertension

Current problem	180	32.5
Past problem	38	7.1
Never a problem	299	60.5

Diabetes

Current problem	63	11.3
Past problem	11	2.4
Never a problem	444	86.3

Cancer

Current problem	40	7.9
Past problem	35	6.2
Never a problem	442	85.9

High blood cholesterol

Current problem	114	20.6
Past problem	41	7.4
Never a problem	349	72.0

Brain injury

Current problem	8	1.4
Past problem	15	3.0
Never a problem	495	95.6

Cirrhosis, hepatitis or other liver problem

Current problem	13	1.9
Past problem	23	4.4
Never a problem	482	93.6

Severe allergies

Current problem	113	20.9
Past problem	30	4.9
Never a problem	372	74.2

Kidney disease, kidney failure, kidney infection, or kidney stones

Current problem	24	4.8
Past problem	55	10.3
Never a problem	439	84.9

Section E: Health Conditions	n	%
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Epilepsy or seizures

Current problem	11	2.3
Past problem	13	3.1
Never a problem	494	94.6

Cerebral palsy

Current problem	5	0.6
Past problem	1	0.1
Never a problem	512	99.2

Spinal cord injury

Current problem	26	5.5
Past problem	14	2.7
Never a problem	474	91.8

Missing legs, feet, arms, hands, or fingers

Current problem	14	2.8
Past problem	3	0.3
Never a problem	501	96.9

Paralysis of any kind

Current problem	17	2.9
Past problem	13	2.5
Never a problem	488	94.5

Stiffness or deformity of the foot, arm, leg, or hand

Current problem	110	21.2
Past problem	13	2.4
Never a problem	394	76.4

Reproductive organ or genital problems

Current problem	14	3.0
Past problem	39	8.0
Never a problem	462	89.0

Spasms or painful muscle contractions

Current problem	113	21.3
Past problem	52	10.8
Never a problem	353	67.9

Osteoporosis

Current problem	53	10.2
Past problem	4	1.2
Never a problem	457	88.6

Neurological disorder or other coordination or mobility problem

Current problem	42	7.9
Past problem	10	1.7
Never a problem	462	90.4

Section E: Health Conditions	n	%
<i>Migraines or frequent headaches</i>		
Current problem	97	18.8
Past problem	51	10.1
Never a problem	369	71.0
<i>Fractures, bone/joint injury</i>		
Current problem	69	14.3
Past problem	116	23.4
Never a problem	331	62.3
<i>Urinary or bladder problems</i>		
Current problem	63	11.8
Past problem	76	14.1
Never a problem	379	74.2
<i>Bowel problem</i>		
Current problem	57	10.1
Past problem	32	5.7
Never a problem	429	84.2
<i>Skin ulcers or sores</i>		
Current problem	27	4.4
Past problem	17	3.1
Never a problem	473	92.5
<i>Depression, anxiety, or emotional problem</i>		
Current problem	94	17.4
Past problem	68	12.1
Never a problem	355	70.5
<i>Chronic pain</i>		
Current problem	159	30.4
Past problem	33	6.4
Never a problem	324	63.2
<i>Chronic fatigue</i>		
Current problem	122	22.5
Past problem	35	6.2
Never a problem	359	71.4
<i>Intestinal disease including Crohn's disease or colitis, and stomach ulcers</i>		
Current problem	33	5.9
Past problem	42	7.3
Never a problem	440	86.8
<i>Experience side effects from medication</i>		
Current problem	84	16.1
Past problem	78	14.0
Never a problem	355	69.9

Section E: Health Conditions	n	%
<i>Do you have any other current health problem or condition which I did not mention? (among respondents with a disability*)</i>		
Yes	79	15.0
No	435	85.0
<i>Are you taking or should be taking any medication on a daily basis to treat a disease or health problem? (among respondents with a disability*)</i>		
Yes	382	73.1
No	137	26.9
<i>Would you say that you use medicine(s) as prescribed by the doctor: (among respondents with a disability* reporting taking medication to treat a disease or health problem)</i>		
All of the time	335	87.7
Most of the time	29	7.5
Some of the time	13	3.3
Rarely	3	0.7
Never	2	0.7
<i>Are there any prescription medicines that you are supposed to use, but: (among respondents with a disability* reporting taking medication to treat a disease or health problem)</i>		
<i>did not get when first prescribed because of the cost?</i>		
Yes	60	13.9
No	322	86.1
<i>did not get the entire prescription filled because of the cost?</i>		
Yes	71	17.1
No	311	82.9
<i>did not refill when you ran out because of the cost?</i>		
Yes	60	14.1
No	321	85.9
<i>use less often than prescribed in order to stretch them out because of the cost?</i>		
Yes	62	14.8
No	320	85.2
<i>sometimes forget to use?</i>		
Yes	129	36.4
No	253	63.6
<i>do not use as prescribed because of the side effects?</i>		
Yes	45	12.3
No	333	87.7

Section E: Health Conditions	n	%
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cannot pick up from the drug store or get delivered?

Yes	35	10.4
No	347	89.6

do not use because you think you do not need it?

Yes	45	12.8
No	336	87.2

Do you receive help using your medications? This includes reminding you or measuring the medicines, and setting them up for you, OR do you use all of your medicine completely by yourself? (among respondents with a disability* reporting taking medication to treat a disease or health problem)

Receive help	28	8.7
All by self	352	91.3

Do you need help with: (among respondents with a disability* reporting taking medication to treat a disease or health problem)

Ordering, shopping for, or getting medicines from pharmacy

Yes	16	61.9
No	12	38.1

Reminding, monitoring, measuring, setting up, or taking medicines

Yes	20	78.4
No	8	21.6

Need other help with medications

Yes	4	15.2
No	24	84.8

Section F: Health Care Access	n	%
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Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (among respondents with a disability*)

Yes	461	89.3
No	57	10.7

Do you have any of the following health care coverages: (among respondents with a disability* reporting current health care coverage)

Private health insurance?

Yes	286	64.6
No	174	35.4

Section F: Health Care Access	n	%
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Medicare?

Yes	257	53.1
No	202	46.9

Medicaid?

Yes	86	17.6
No	373	82.4

Other health coverage?

Yes	96	20.9
No	364	79.1

About how long has it been since you had health care coverage? (among respondents with a disability* reporting no current health care coverage)

Within the past six months	12	18.5
Six months to one year	7	14.6
One to two years	9	20.5
Two to five years	5	10.4
Five or more years	19	31.4
Never	3	4.7

Supplemental security income or SSI and social security disability insurance or SSDI are programs that provide monthly cash benefits to some people with disabilities who are under 65 years old. Do you receive income from either SSI or SSDI? (among respondents with a disability*)

Yes	89	15.3
No	427	84.7

Sometimes people have difficulties in getting medical care when they need it. During the past 12 months, was there a time when you wanted medical care or surgery but could not get it at the time? (among respondents with a disability*)

Yes	47	10.1
No	472	89.9

The last time you did not get the medical care you wanted, what was the MAIN reason you didn't get care? (among all respondents with a disability* reporting a time when they could not get medical care when they wanted it)

Could not afford it/cost/too expensive	23	52.9
No insurance	4	7.1
Wait too long in clinic/office	2	4.7
Difficulty getting an appointment	3	5.8
Doesn't like/trust/believe in doctor	2	4.2
No way to get there/No transportation	1	8.8
Health of another family member	1	1.0
Other reason	8	15.6

Section F: Health Care Access	n	%
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How many times in the last 12 months have you visited a doctor for a routine check-up or to check a health problem? (among respondents with a disability)*

None	38	9.1
1 time	81	16.1
2 times	69	13.3
3 to 5 times	127	25.2
6 to 10 times	82	17.5
More than 10 times	94	18.7

Is there one particular doctor or health professional who you usually go to when you need routine medical care? (among respondents with a disability)*

Yes, only one	445	85.4
More than one	54	9.5
No	20	5.1

How many times in the last 12 months have you been hospitalized or treated in an emergency room? (among respondents with a disability)*

None	324	61.0
1 time	108	21.8
2 times	32	6.1
3 to 5 times	36	8.3
6 to 10 times	7	1.6
More than 10 times	6	1.2

How many days were you hospitalized or did you only visit the emergency room? (among respondents with a disability who were hospitalized or visited the emergency room in the last 12 months)*

None	53	26.4
1 time	32	19.7
3 to 5 times	44	26.5
6 to 10 times	31	15.3
More than 10 times	25	12.1

During the past 12 months, was there a time when you wanted mental health care or counseling but could not get it at the time? (among respondents with a disability)*

Yes	29	6.5
No	488	93.5

How long has it been since you last visited the dentist or a dental clinic? (among respondents with a disability)*

1 to 12 months ago	296	59.5
1 to 2 years ago	53	11.3
2 to 5 years ago	40	9.0
5 or more years ago	112	20.2

Section F: Health Care Access	n	%
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During the past 12 months, did you receive any services from: (among respondents with a disability)*

a physical therapist?

Yes	100	21.5
No	420	78.5

an occupational therapist?

Yes	37	8.0
No	483	92.0

an audiologist?

Yes	30	6.0
No	489	94.0

a speech therapist or pathologist?

Yes	16	4.1
No	503	95.9

a recreational therapist?

Yes	10	2.2
No	507	97.8

During the past 12 months did you receive: (among respondents with a disability)*

services for alcohol or drug abuse?

Yes	3	1.1
No	515	98.9

services from a center of independent living?

Yes	14	2.4
No	503	97.6

respiratory therapy services?

Yes	32	6.3
No	485	93.7

social work services?

Yes	29	4.1
No	488	95.9

How would you rate your satisfaction with your overall health care? (among respondents with a disability)*

Excellent	141	28.0
Very good	150	29.3
Good	138	25.5
Fair	67	12.5
Poor	21	4.7

Section G: Children's Health	n	%
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How many children under 18 years of age live in your household? (among all respondents; unweighted)

1	471	14.3
2	457	13.9
3	198	6.0
4+	86	2.6
None	2085	63.2

Thinking about the children in your household under the age of 18, how many need services or treatment for a health problem beyond what is needed for most children their own age? (among respondents reporting a child under 18 in their household; unweighted)

1	117	9.7
2	14	1.2
3	4	0.3
4	2	0.2
None	1071	88.7

Thinking about the children in your household who need services or treatment beyond what is needed for most children their age, how many of these children are covered by private health plans such as plans you or someone else pays for, health insurance through a business, or prepaid plans such as HMO's? (among respondents reporting a child under 18 in their household needs special services or treatment; unweighted)

1	92	67.6
2	13	9.6
3	2	1.5
4	1	0.7
None	28	20.6

Thinking about the children in your household who need services or treatment beyond what is needed for most children their age, how many of these children are covered by a government plan such as Medicaid and MediKan? (among respondents reporting a child under 18 in their household needs special services or treatment; unweighted)

1	39	28.7
2	4	2.9
3	2	1.5
4	2	1.5
None	89	65.4

Section G: Children's Health	n	%
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Thinking about the children in your household under the age of 18, how many have problems or delays in physical development, speech/language development, or difficulties doing activities that are normal for other children their own age? (among respondents reporting a child under 18 in their household; unweighted)

1	83	6.9
2	8	0.7
3	1	0.1
4	1	0.1
None	1113	92.3

Thinking about the children in your household under the age of 18, how many regularly take prescription medication, require a special diet, or use assistive devices due to a health condition? (among respondents reporting a child under 18 in their household; unweighted)

1	149	12.3
2	18	1.5
3	6	0.5
None	1036	85.7

Section H: Demographics	n	%
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Gender of respondent. (among all respondents)

Male	1386	48.7
Female	1917	51.3

What is your age? (among all respondents)

18 to 24	284	13.3
25 to 34	581	18.6
35 to 44	713	22.2
45 to 54	628	16.6
55 to 64	392	10.8
65 to 74	369	10.6
75 to 84	264	6.4
85+	72	1.5

What is the highest grade or year of school you completed? (among all respondents)

Never attended school or only kindergarte	3	0.1
Grades 1 through 8 (Elementary	126	3.6
Grades 9 through 11 (Some high school	179	5.5
Grade 12 or GED (High school graduate	1147	35.1
College 1 year to 3 years (Some college o technical school)	933	28.1
College 4 years or more (College graduat	907	27.5

Section H: Demographics	n	%
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Are you: (among all respondents)

Married	1968	66.5
Divorced	412	8.3
Widowed	381	6.9
Separated	53	1.1
Never been married	429	15.6
A member of an unmarried couple	45	1.6

What is your race? (among all respondents)

White, non-Hispanic	2972	89.9
African-American	154	4.3
Hispanic or Latino	94	3.4
Asian, Pacific Islander	14	0.6
American Indian, Alaska Native	25	1.0
Other	27	0.8

Is your annual household income from all sources: (among respondents with a disability* or a special needs child**)

< \$10,000	62	7.7
\$10,000 - \$14,999	60	8.9
\$15,000 - \$19,999	74	11.3
\$20,000 - \$24,999	71	12.1
\$25,000 - \$34,999	116	19.3
\$35,000 - \$49,999	109	18.0
\$50,000 - \$74,999	83	14.6
\$75,000+	44	8.0

Are you currently: (among respondents with a disability*)

Employed for wages	151	31.1
Self-employed	24	5.3
Out of work for more than 1 year	13	2.6
Out of work for less than 1 year	6	1.2
Homemaker	37	7.8
Student	2	0.4
Retired	220	39.8
Unable to work	65	11.9

Section I: Tobacco	n	%
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Have you smoked at least 100 cigarettes in your entire life? (among respondents with a disability*)

Yes	268	52.3
No	251	47.7

Do you now smoke cigarettes everyday, some days, or not at all? (among respondents with a disability* reporting having smoked at least 100 cigarettes)

Everyday	94	36.0
Some days	27	11.7
Not at all	146	52.3

Section J: Exercise	n	%
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During the past month, did you participate in any physical activities or exercises such as swimming, jogging, softball, basketball, calisthenics, golf, gardening, or walking for exercise? (among respondents with a disability*)

Yes	268	53.5
No	250	46.5

How many times per week or per month did you take part in any physical activity or exercise during the past month? (among all respondents with a disability*)

None	250	51.8
One or two times	91	21.1
Three or four times	59	13.4
Five or six times	21	4.3
Seven times	46	9.5

When you exercised or participated in any physical activity during the past month for how many minutes or hours did you usually keep at it on an average? (among respondents with a disability* who exercised during the past month)

Less than an hour	151	54.7
One to two hours	66	26.3
Two to three hours	23	10.9
Three to four hours	8	4.6
More than four hours	6	3.5

Section K: Injury Control	n	%
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How often do you use seat belts when you drive or ride in a car? (among respondents with a disability*)

Always	314	62.0
Nearly always	66	12.1
Sometimes	62	11.2
Seldom	35	7.3
Never	35	7.0
Never drive or ride in a car	3	0.4

Which of the following best describes whether you have a smoke detector in your home? (among respondents with a disability*)
Is it:

I don't have a smoke detector	61	11.8
I have an installed and working smoke detector	423	81.9
I have a smoke detector, but it is not installed	9	2.2
I have a smoke detector, but it is broken or the battery is missing	12	2.1
I have a smoke detector but do not know if it works	11	2.0

Section K: Injury Control	n	%
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During the past 12 months, have you fallen? (among respondents with a disability)*

Yes	152	28.9
No	365	71.1

During the past 12 months, have you had to see a doctor or nurse because you were injured when you fell? (among respondents with a disability reporting having fallen in the last 12 months)*

Yes	53	31.7
No	99	68.3

During the past 12 months, have you suffered a burn which required medical care? (among respondents with a disability)*

Yes	3	0.6
No	515	99.4

Section L: Alcohol Use	n	%
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During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor? (among respondents with a disability)*

Yes	152	30.2
No	364	69.8

A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion? (among respondents with a disability reporting at least one alcoholic drink in the last month)*

Zero	466	89.4
One time	18	4.0
Two times	11	2.4
Three times	14	3.0
Four or more times	5	1.2

During the past month, did you drink 60 or more alcoholic beverages? (among respondents with a disability reporting at least one alcoholic drink in the last month)*

Yes	14	8.1
No	138	91.9

Section M: Social Context	n	%
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Do you own or rent your home? (among respondents with a disability)*

Own	393	78.7
Rent	122	21.3

Section M: Social Context	n	%
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How long have you lived at your current address? (among respondents with a disability)*

Within the past six months	20	4.7
Six months to one year	30	6.0
One to two years	27	4.5
More than two years	439	84.8

In the past 30 days, have you been concerned about having enough food for you or your family? (among respondents with a disability)*

Yes	52	8.3
No	464	91.7

Section N: Cancer Screenings	n	%
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A mammogram is an x-ray of each breast to look for breast cancer. Have you had a mammogram during the past two years? (among female respondents with a disability)*

Yes	198	58.8
No	134	41.2

A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you had a clinical breast exam during the past two years? (among female respondents with a disability)*

Yes	239	72.4
No	93	27.6

A Pap smear is a test for cancer of the cervix. Have you had a Pap smear during the past two years? (among female respondents with a disability)*

Yes	122	70.9
No	54	29.1

Have you had a hysterectomy? (among female respondents with a disability)*

Yes	156	47.3
No	177	52.7

A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (among respondents with a disability 40 or more years old)*

Yes	165	37.8
No	273	62.2

Section N: Cancer Screenings	n	%
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A sigmoidoscopy or proctoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you had this exam within the past five years? (among respondents with a disability 40 or more years old)*

Yes	136	31.5
No	296	68.5

A digital rectal exam is when a doctor or other health professional inserts a finger in the rectum to check for cancer or other health problems. Have you had this exam within the past two years? (among respondents with a disability 40 or more years old)*

Yes	202	47.7
No	234	52.3

A prostate-specific antigen blood test or PSA test is a blood test to check for prostate cancer. Have had a PSA test within the past two years? (among respondents with a disability 40 or more years old)*

Yes	86	58.1
No	62	41.9

Section O: Immunization	n	%
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During the past 12 months, have you had a flu shot? (among respondents with a disability)*

Yes	258	48.6
No	256	51.4

Have you ever had a pneumonia vaccination? (among respondents with a disability)*

Yes	205	38.7
No	295	61.3

During the past ten years, have you received a tetanus shot? (among respondents with a disability)*

Yes	330	69.4
No	164	30.6

Section P: Violence	n	%
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How safe from crime do you consider your neighborhood to be? (among respondents with a disability)*

Extremely safe	127	24.6
Quite safe	277	54.9
Slightly safe	76	15.4
Not at all safe	26	5.1

Section P: Violence	n	%
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During the past 12 months how many times has anyone hit you, or pushed you, or hurt you physically in any other way? (among respondents with a disability)*

1 time	10	2.0
2 times	7	1.6
12 times	1	0.1
None	496	96.2

Thinking of when you have been hit, pushed, or hurt during the past 12 months, what was the relationship of the person(s) who did this? (among respondents with a disability reporting being hit, pushed, or physically hurt in the past 12 months)*

Your spouse or partner	4	15.4
Your boyfriend, girlfriend, or date	2	28.8
A friend or someone you know	3	14.6
A total stranger	1	3.8
A paid or volunteer aide, helper, or attendant	5	19.2
Other	3	18.3

Within the past two years, how many times has anyone forced you into an unwanted sexual act? (among respondents with a disability)*

9 times	1	0.2
30 times	1	0.1
None	510	99.7